CTP-134: Cigarette and/or Tobacco Products Salesperson's Permit Application

DEPARTMENT USE ONLY					
Permit Number					
Period Covered					
Date of Issuance					

				Date of Is	ssuance		
Read instructions before completing. Enclose \$20 BTR Fee (if applic							
-	ereby makes application for a		t orders for, or engage in	the sale for	future delivery of cigarettes		
Last Name (please pr	rint) First	M	.I. Phone Number		Date of Birth (mm/dd/ccyy)		
			() –		/ /		
Mailing Address			Social Security Numb	Social Security Number (required)			
City			State		Zip Code		
Current Business	or Occupation (be specific)						
2. Business or Occup	pation (if different than above du	ring last three calendar	years)				
	as a sole proprietor, partner(s), limited liability company, member(s) or corporate officer(s) ever held, or now hold, a permit or certificate the Wisconsin Department of Revenue?						
If Yes, indicate:							
	Permit or certificate number						
	Location for which permit or cer	rtificate was issued					
4. Have you been for 125, Wis. Stats.?	und guilty of crimes relating to lo	paning money or anyth	ing of value to persons hold	ing licenses or	permit issued pursuant to ch.		
5. Have you been co	nvicted of violating federal or sta of law violated: Federal	ate laws or local ordinar	nces other than traffic violation	ons? Yes	s No		
Also indicate detai	Also indicate details of the violation, including nature of violation, date, place, court, and disposition.						
S. If you have been	convicted of a followy for which we	au raasiyad a nardan a	logariba the nature of the fol	any and data/n	Jaco of the norden		
b. II you have been o	convicted of a felony for which yo	ou received a pardon, c	lescribe the nature of the re-	ony and date/p	nace of the pardon.		
7. Check the box(es	· · · ·						
	or permit to solicit sales for future						
	or permit to solicit sales for future		cco products (OTP)				
Name of the perm	ittee which applicant will represe		Permit N	umber (prefix(es) and number)			
Address			City	State	Zip Code		
			,				
l declare under per	nalties of the law that I have e	examined this inform	ation and to the best of m	ny knowledge	and belief, it is true,		
correct and comple	te.						
APPLICANT >	Signature (do not print or type)			Date			

CTP-134 (R. 5-14) Wisconsin Department of Revenue

CTP-134 Instructions: Cigarette and/or Tobacco Products Salesperson's Permit Application

1. Who Needs Cigarette and/or Tobacco Products Salesperson's Permit?

Any person in Wisconsin who solicits orders for or engages in the sale of cigarettes and/or tobacco products for future delivery must obtain a salesperson's permit. A permit is not needed if you will only be soliciting orders by correspondence or telephone from outside Wisconsin.

NOTE: No person may solicit on-the-spot sales (peddling) of cigarettes or tobacco products in Wisconsin. Violators are subject to the enforcement provisions provided under the Wisconsin Statutes. Products sold in violation of the statute are unlawful property and subject to seizure.

2. How to Obtain a Cigarette and/or Tobacco Products Salesperson's Permit

Send your completed application along with your \$20 Business Tax Registration (BTR) fee, if applicable, to the mailing address below.

3. Business Tax Registration Fee (BTR Fee)

A \$20 BTR fee applies to all persons who apply for a Cigarette and/or Tobacco Products Salesperson's Permit. Include the applicable fee with your application.

Exceptions – The \$20 BTR fee is not due with this application if:

- a. You held any active permits or certificates on December 31, 1995, issued by the department that are covered by the BTR provisions.
- b. You paid the \$20 BTR fee with a previous application for another permit or certificate which the department issued.

4. Assistance

You can access the department's website 24 hours a day, 7 days a week, at revenue.wi.gov. From this website, you can:

- Access My Tax Account (MTA)
- · Complete electronic fill-in forms
- · Download forms, schedules, instructions, and publications
- View answers to common questions
- · Email us for assistance

Physical Address 2135 Rimrock Road Madison WI 53713

Excise Tax Unit

Mailing Address

Wisconsin Department of Revenue

PO Box 8900

Madison WI 53708-8900

Email: excise@revenue.wi.gov

Fax: (608) 261-7049

Phone: (608) 266-6701

5. Employment Changes

When employment changes, the current permit must be returned to this department before a new permit can be issued.